

REISSUE PATENT APPLICATION TRANSMITTAL

051904
108151

Address to:

Mail Stop Reissue
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Attorney Docket No. 0624-4129

First Named Inventor Laurence C. Mudge

Original Patent No. 5,599,804

Original Patent Issue Date (Month/Day/Year) 02.04.97

Express Mail Label No. EV 357799039 US

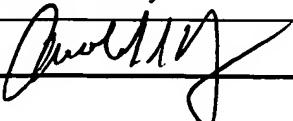
17513 U.S. PTO
10/849509

APPLICATION FOR REISSUE OF: Utility Patent Design Patent Plant Patent
(check applicable box)

APPLICATION ELEMENTS		ACCOMPANYING APPLICATION PARTS
1. <input checked="" type="checkbox"/> *Fee Transmittal Form <i>(Submit an original, and a duplicate for fee processing)</i>		7. <input type="checkbox"/> Foreign Priority Claim (35 U.S.C. 119) <i>(if applicable)</i>
2. <input type="checkbox"/> Specification and Claims (amended, if appropriate)		8. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS) and PTO-1449 <input checked="" type="checkbox"/> Copies of IDS Citations
3. <input type="checkbox"/> Drawing(s) (proposed amendments, if appropriate)		9. <input type="checkbox"/> English Translation of Reissue Oath/Declaration <i>(if applicable)</i>
4. <input type="checkbox"/> Reissue Oath/Declaration (original or copy) <i>(37 C.F.R. § 1.175)</i>		10. <input type="checkbox"/> Small Entity <input type="checkbox"/> Statement filed in prior application Status still proper and desired
5. Original U.S. Patent <input type="checkbox"/> Offer to Surrender Original Patent (37 C.F.R. 1.178) <i>or</i> <input type="checkbox"/> Ribboned Original Patent Grant <input type="checkbox"/> Affidavit/Declaration of Loss <i>(PTO/SB/55)</i>		11. <input checked="" type="checkbox"/> Preliminary Remarks
6. Original U.S. Patent currently assigned? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(If Yes, check applicable box(es))</i>		12. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <i>(Should be specifically itemized)</i>
<input type="checkbox"/> Written Consent of all Assignees - Unexecuted <input type="checkbox"/> 37 C.F.R. §3.73(b) Statement - Unexecuted <input type="checkbox"/> Power of Attorney - Unexecuted		13. <input checked="" type="checkbox"/> Other: Check for \$1,108.00 Specification, Claims, Abstract: 11 pgs of text 5 pgs of claims (Claims 1-38)
<input checked="" type="checkbox"/> UNEXECUTED REISSUE DECLARATION, POWER OF ATTORNEY, CERTIFICATION BY ASSIGNEE UNDER 37 CFR § 3.73 (b) AND OFFER TO SURRENDER PATENT UNDER 37 CFR § 1.178		

14. CORRESPONDENCE ADDRESS

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Signature			Date	May 19, 2004	

051904
10/849509

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18351 U.S.PTO

PTO/SB/56 (04-04)

Approved for use through 04/30/2007. OMB 0651-0033
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REISSUE APPLICATION FEE TRANSMITTAL FORM

Docket Number (Optional)
0624-4129

Claims as Filed – Part 1

Claims in Patent		Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity	
				Rate	Fee	Rate	Fee
(A) 23	Total Claims (37 CFR 1.16(j))	(B) 37	**** 14 =	x \$ _____ =		or	x \$ 18 = 252
(C) 2	Independent claims (37 CFR 1.16(i))	(D) 4	* 1 =	x \$ _____ =			x \$ 86 = 86
				Basic Fee (37 CFR 1.16(h))	\$ _____		
				Total Filing Fee	\$ _____	OR	\$ 1,108

Claims as Amended – Part 2

	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(j))	***	MINUS	**	* =	x \$ _____ =		x \$ _____ =	
Independent Claims (37 CFR 1.16(i))	***	MINUS	*****	=	x \$ _____ =		x \$ _____ =	
				Total Additional Fee	\$ _____	OR	\$ _____	

* If the entry in (D) is less than the entry in (C), Write "0" in column 3.

** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.

*** After any cancellation of claims.

**** If "A" is greater than 20, use (B – A); if "A" is 20 or less, use (B – 20).

***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).

 Applicant claims small entity status. See 37 CFR 1.27. Please charge Deposit Account No. _____ in the amount of _____. A duplicate copy of this sheet is enclosed. The Director is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. 13-1500 (Order No. 0624-4129) A duplicate copy of this sheet is enclosed. A check in the amount of \$ 1,108 to cover the filing/additional fee is enclosed. Payment by credit card. Form PTO-2038 is attached.

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

May 19, 2004

26,601 Date

Registration Number, if applicable

Signature of Applicant, Attorney or Agent of Record
Arnold I. Rady

Typed or printed name

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Reissue of
Letters Patent 5,599,804
Laurence C. Mudge
Serial No.: 415,934
Filed on: April 3, 1995
Granted on: February 4, 1997

For: **FUNGICIDAL COMPOSITIONS FOR THE ENHANCEMENT OF TURF QUALITY**

EXPRESS MAIL CERTIFICATE

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Express Mail Label No.: EV 357799039 US

Date of Deposit: May 19, 2004

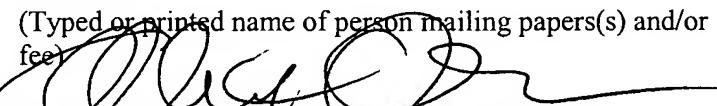
I hereby certify that the following attached paper(s) and/or fee

1. Reissue Patent Application Transmittal
2. Reissue Application Fee Transmittal Form
3. Specification, Claims. Abstract – 11 pages
Claims 1-38 – 5 pages
4. Reissue Declaration, Power Of Attorney, Certification By Assignee Under
37 CFR § 3.73 (B) And Offer To Surrender Patent Under 37 CFR § 1.178
5. Preliminary Remarks
6. Information Disclosure Statement
7. Form PTO-1449 with a copy of all cited references
8. Check in the sum of \$1,108 and
9. Return receipt postcard

is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 C.F.R. §1.10 on the date indicated above and is addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Albert Isles

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